

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40340

Entity Name: IGREJA EVANGELICA BRASILEIRA (BRAZILIAN EVANGELICAL CHURCH), CORPORATION**FILED**
Jun 03, 2015
Secretary of State
CC3227050212**Current Principal Place of Business:**8201 CONGRESS AVE
BOCA RATON, FL 33487**Current Mailing Address:**255 EVERNIA ST
APT 102
WEST PALM BEACH, FL 33401 US**FEI Number:** 65-0231376**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRUZ, THIAGO A
255 EVERNIA ST
APT 102
WEST PALM BEACH, FL 33401 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** THIAGO A CRUZ

06/03/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---------------------------|
| Title | P |
| Name | CRUZ, ALVARO B |
| Address | 255 EVERNIA ST APT 102 |
| City-State-Zip: | WEST PALM BEACH FL 33401 |

| | |
|-----------------|---------------------------|
| Title | VP |
| Name | CRUZ, ELAINE |
| Address | 255 EVERNIA ST APT 102 |
| City-State-Zip: | WEST PALM BEACH FL 33401 |

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|-----------------|---------------------------|
| Title | VP |
| Name | CRUZ, THIAGO A |
| Address | 255 EVERNIA ST APT 102 |
| City-State-Zip: | WEST PALM BEACH FL 33401 |

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|-----------------|-----------------------|
| Title | VP |
| Name | DE ALMEIDA , ABRAAO |
| Address | 10850 PALM RIDGE LANE |
| City-State-Zip: | TAMARAC FL 33321 |

| | |
|-----------------|---------------------------|
| Title | T |
| Name | CRUZ, ISABELA A |
| Address | 255 EVERNIA ST APT 102 |
| City-State-Zip: | WEST PALM BEACH FL 33401 |

| | |
|-----------------|-------------------|
| Title | D |
| Name | DE ALMEIDA, LUCIA |
| Address | 1870 N 441 |
| City-State-Zip: | MARGATE FL 33063 |

| | |
|-----------------|---------------------------|
| Title | S |
| Name | CRUZ, PAMELA A |
| Address | 255 EVERNIA ST APT 102 |
| City-State-Zip: | WEST PALM BEACH FL 33401 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRUZ , THIAGO A

VP

06/03/2015

Electronic Signature of Signing Officer/Director Detail

Date